Schedule T: Trust Disclosure Schedule

Fac	cility Name	2			
Pro	ject Locati	Street Address	City	—— County	
		Street Address	City	County	
405 Illii whi	7/2: "Whene nois or to an ch is the su	ever any trustee of a land trust, or any lay of its agencies or political subdivision	to require this information pursuant to 765 Illinois Conbeneficiary or beneficiaries a land trust, make application ons for any benefit, authorization, license, or permit relation, improvements thereto, or use thereof, such applications and define his interest therein"	to the State o	
1.	Trust Nur	Trust Number			
2.	Trustee:	Name			
		Address			
3.	Please con	mplete the following information fo	or each beneficiary of the trust:		
		NAME & ADDRESS	<u>DEFINED INTERES</u>	<u>r</u>	
A.					
D					
Б.					
C.					
О.					
D.					
E.					
F.					
4.		I/We hereby certify that the above is a true and accurate disclosure of the names, addresses, and defined interests of each and every beneficiary of the above-indicated trust as required pursuant to Ill. Rev. Stat., Chap. 148, para. 72.			
	Signature		Title(must be signed by a beneficiary, trustee, o		
	Date		(must be signed by a beneficiary, trustee, o	r trust officer	